Illinois Medicare Advantage and Cost Prescription Drug Plans

*The beneficiary drug premium covers prescription drugs only. Medicare Advantage plans also cover Medicare medical and hospital benefits, and supplemental benefits. Plan premiums vary for these benefits. Beneficiaries generally are responsible for the Part B premium.

Includes contracts/plans approved as of September 25, 2005. The data does not reflect information for Plans offering Part B only services, some demonstrations, PACE organizations, employer sponsored plans, or plans that were not approved by the "As of" date of the chart.

| | | Parasant. | Drug | Type of Medicare Advantage Plan | | | | | Drug Deductible | | | Includes Tiered | Type of Additional Coverage Offered in Coverage Gap | | | Number of |
|---|--|--|---------|------------------------------------|--|--|--|--|-----------------|---------|---------------------|---------------------|---|--|---------------|----------------------------------|
| One of the Manager | Plan Name | Percent Beneficiaries with Access to Plan in State | | нмо | Local PPO | Regional PPO | Private Fee-for- Service | Cost | 7 | Reduced | Standard (\$250) | Copay- ments for | ay- s for Generics | Generics and | Mail Order | Number of Top 100 Drugs on |
| Organization Name | Aetna Golden Medicare Value Plan | | \$0.00 | | PPU | PPU | Service | Plans | | Reduced | (\$250) | Drugs | Only | Brands | Offered | Formulary |
| Aetna Health Of Illinois, Inc. | Aetna Golden Medicare Value Plan Aetna Golden Medicare Standard Plan | 39% 39% | \$35.47 | • | | <u> </u> | | | • | | | • | | | | 82 |
| | | | | • | | | | | • | | | • | • | | • | 82 |
| | Aetna Golden Medicare Premier Plan | 39% | \$56.50 | • | | | | | • | | | • | • | | • | 95 |
| Aetna Life Insurance Company | Aetna Golden Choice Standard Plan | 39% | \$30.31 | | • | | | | | | • | • | | | • | 82 |
| Aveta Health Illinois, Inc. | Aveta CarePartners | 39% | \$0.00 | • | | | | | • | | | • | | | • | 76 |
| Essence Inc. | Essence | 3% | \$0.00 | • | | | | | | • | | • | | | | 96 |
| Group Health Plan, Inc. | Gold Advantage Option 1 | 5% | \$0.00 | • | | | | | • | | | • | | | • | 71 |
| | Advantra Option 1 | 5% | \$0.00 | • | | | | | • | | | • | | | • | 75 |
| | Advantra Option 2 | 5% | \$23.40 | • | | | | | • | | | • | | | • | 97 |
| | Gold Advantage Option 2 | 5% | \$24.33 | • | | | | | • | | | • | | | • | 97 |
| Health Alliance Medical Plans | Health Alliance Medicare HMO 20 with Rx | 4% | \$45.63 | • | | | | | • | | | • | | | • | 83 |
| | Health Alliance Medicare PPO 10 with Rx | 16% | \$45.63 | | • | | | | • | | | • | | | • | 83 |
| HealthSpring, Inc. | HealthSpring Special Care | 59% | \$0.00 | • | | | | | | | • | | | | • | 83 |
| | HealthSpring Advantage PremieRx | 39% | \$10.00 | • | | | | | • | | | • | • | | • | 83 |
| | HealthSpring Total Care | 59% | \$11.81 | • | | | | | | | • | | | | • | 83 |
| | HealthSpring Advantage Basic | 39% | \$15.00 | • | | | | | | | • | İ | | | • | 83 |
| | HealthSpring Advantage Basic | 19% | \$18.56 | • | | | | | | | • | | | | • | 83 |
| | HealthSpring Advantage PremieRx | 19% | \$32.68 | • | | 1 | | | • | | | • | • | | • | 83 |
| Humana Health Plan, Inc. | Humana Gold Plus HMO H1406-013 | 39% | \$0.00 | | | 1 | | | • | | | | | | • | 97 |
| | Humana Gold Plus HMO H1406-022 | 3% | \$0.00 | • | | 1 | | | • | | | • | | 1 | • | 97 |
| | Humana Gold Plus HMO H1406-006 | 39% | \$25.88 | • | | 1 | | | • | | | - | | | • | 97 |
| | Humana Gold Plus HMO H1406-014 | 3% | \$25.88 | • | | 1 | | | • | | | • | | | -:- | 97 |
| Humana insurance Company | Humana Gold Choice PFFS H1804-137 | 26% | \$0.00 | - · | | 1 | | | - | | | | | 1 | -:- | 97 |
| | HumanaChoicePPO PPO R5826-037 | 100% | \$14.24 | 1 | | | _ - | | · | | | • | | 1 | • | 97 |
| | Humana Gold Choice PFFS H1407-001 | 6% | \$23.13 | 1 | | <u> </u> | | | | | • | | | | -: | 97 |
| | | | | | | | | | | | | | | | _ | |
| | Humana Gold Choice PFFS H1804-125 | 60% | \$23.13 | | | | • | | • | | | • | | | • | 97 |
| | Humana Gold Choice PFFS H1804-138 | 8% | \$23.13 | | | | • | | • | | | • | | | • | 97 |
| | HumanaChoicePPO PPO R5826-009 | 100% | \$24.77 | | | • | | | • | | | • | | | • | 97 |
| | HumanaChoicePPO PPO H1418-002 | 58% | \$31.07 | | • | | | | • | | | • | • | | • | 97 |
| John Deere Health Plan, Inc. | Secure Plus 15 | 7% | \$29.43 | • | | | | | • | | | • | | | • | 89 |
| | Secure Plus 20 | 7% | \$29.43 | • | | | | | • | | | • | | | • | 89 |
| | Secure Plus 25 | 7% | \$29.43 | • | | | | | • | | | • | | | • | 89 |
| | Secure Plus Prime | 7% | \$29.43 | • | | | | | • | | | • | | | • | 89 |
| | Secure Plus 15 | 7% | \$43.90 | • | | | | | • | | | • | | | • | 89 |
| | Secure Plus Prime | 7% | \$43.90 | • | | | | | • | | | • | | | • | 89 |
| Mercy Health Plans, Inc. | PremierPlus | 5% | \$37.34 | • | | | | | • | | | • | | | • | 94 |
| OSF Care Advantage | OSF Care Advantage Basic Rx | 6% | \$30.76 | • | | | | | | | • | • | | | • | 94 |
| | OSF Care Advantage Rx | 6% | \$71.99 | • | | | | | • | | | • | | • | • | 94 |
| | OSF Care Advantage Rx Plus | 6% | \$80.76 | • | | | | | • | | | • | | • | • | 94 |
| OSF Care Preferred | OSF Care Preferred Basic Rx | 15% | \$30.48 | | • | | | | | | • | • | | | • | 94 |
| | OSF Care Preferred Rx | 15% | \$69.62 | | • | | | | • | | | • | | • | • | 94 |
| | OSF Care Preferred Rx Plus | 15% | \$77.71 | | • | | | | • | | | • | | • | • | 94 |
| United Healthcare Insurance Company | UnitedHealthcare MedicareComp Essential Rx | 3% | \$0.00 | 1 | 1 | i e | • | i | • | | | • | | İ | • | 96 |
| United Healthcare Insurance Company, Inc. | UnitedHealthcare Medicare Comp Choice Rx | 5% | \$0.00 | † | • | | | | • | | | • | | | • | 96 |
| United Healthcare of the Midwest, Inc. | UnitedHealthcare Medicare Complete Opt2 Rx | 5% | \$0.00 | • | 1 | 1 | 1 | | • | | | • | | 1 | • | 96 |
| The state of the management | UnitedHealthcare Medicare Complete Rx | 5% | \$0.00 | • | | | - | † | • | | | • | | 1 | • | 96 |
| | UnitedHealthcare Medicare Complete Rx | 5% | \$18.19 | • | | | | | · · | | | • | | | -:- | 96 |
| WellCare | WellCare Choice | 3% | \$0.00 | <u> </u> | 1 | 1 | 1 | 1 | <u> </u> | | | • | | | -: | 84 |
| | WellCare Choice | 39% | \$0.00 | ÷ | 1 | 1 | 1 | 1 | ÷ | | | -: | | - : | -: | 84 |
| | WellCare Select | 39% | \$7.90 | - | | | | 1 | <u> </u> | | | -:- | | <u> </u> | -:- | 84 84 |
| | | | | | | ļ | | 1 | 1 | | | • | | | -:- | |
| | WellCare Select | 39% | \$7.90 | • | ļ | | | 1 | | | • | • | | | • | 84 84 |
| | WellCare Access | 3% | \$25.48 | • | | | | | | | | | | | | |